What is a Patient Assistance Program (PAP)?

A patient assistance program is a program run through pharmaceutical companies to provide free or low-cost medications to people with low-incomes who do not qualify for any other insurance or assistance programs, such as Medicaid or Medicare.

What is a Cost-sharing Assistance Program (CAP)?

A cost-sharing assistance program is a program operated by pharmaceutical companies to offer cost-sharing assistance (including deductibles, co-payments and co-insurance) to people with private health insurance to obtain HIV drugs at the pharmacy. Pharmaceutical company CAPs cannot be used by individuals covered by Medicaid or Medicare.
PrEP Patient Assistance Program (PAP)

The following provides an overview of PAP contact information and financial eligibility criteria for Truvada, the only U.S. Food and Drug Administration (FDA)-approved product for PrEP.

<table>
<thead>
<tr>
<th>Company</th>
<th>Contact Information</th>
<th>Financial Eligibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gilead Sciences</td>
<td>800-226-2056</td>
<td>500% FPL</td>
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<tr>
<td></td>
<td><a href="http://www.gileadadvancingaccess.com/">www.gileadadvancingaccess.com/</a></td>
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</tr>
</tbody>
</table>

PrEP Cost-sharing Assistance Program (CAP)

The following provides an overview of CAP contact information and assistance offered for Truvada.

<table>
<thead>
<tr>
<th>Company</th>
<th>Contact Information</th>
<th>Assistance</th>
<th>Renewal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gilead Sciences</td>
<td>877-505-6986</td>
<td>The Gilead Advancing Access co-pay coupon card covers up to $7,200 in co-payments per year with no monthly limit for Truvada for PrEP.</td>
<td>Automatically renews annually for enrolled patients.</td>
</tr>
<tr>
<td></td>
<td><a href="http://www.gileadadvancingaccess.com/">www.gileadadvancingaccess.com/</a></td>
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</table>
PEP Patient Assistance Program (PAP)

PAPs are available for PEP, but each company has different policies for applying and delivery of medications. Please see detailed instructions for each pharmaceutical company below.

As per the U.S. Centers for Disease Control and Prevention’s *Updated Guidelines for Antiretroviral Postexposure Prophylaxis after Sexual, Injection Drug Use, or Other Nonoccupational Exposure to HIV—United States, 2016*, the following 28-day regimens are recommended for PEP:

- TDF/FTC 300/200 mg (Truvada) once daily plus *either*:
  - dolutegravir 50 mg (Tivicay) – 1 tablet once daily*
  - raltegravir 400 mg (Isentress) – 1 tablet twice daily

Alternative regimens:

- TDF/FTC 300/200 mg (Truvada) once daily plus:
  - darunavir 800 mg (Prezista) and ritonavir 100 mg (Norvir or generic) – 1 tablet each once daily

*If within the first trimester of pregnancy (post-LMP or by ultrasound dating) OR may become pregnant within the next 28 days, the recommendation is Truvada plus Isentress.

All CDC recommended and alternative PEP regimen components are highlighted in the following table.
<table>
<thead>
<tr>
<th>Company</th>
<th>Contact Information</th>
<th>Drugs Covered</th>
<th>Financial Eligibility</th>
<th>Access Information</th>
</tr>
</thead>
</table>
| AbbVie        | 800-222-6885        | Kaletra and Norvir | 500% FPL for Kaletra; no income limits for Norvir | 1. Complete an application; indicating TRAUMA on the application (this will expedite processing).  
2. Fax to: 866-483-1305.  
3. Call AbbVie, noting that you sent a fax for a TRAUMA case.  
4. AbbVie will send medications to provider.  
  ▪ If received by 12:30 PM, will have overnight delivery (about 24 hours).  
  ▪ If received after 12:30 PM, will have next day delivery (about 48 hours). |
| Gilead Sciences | 800-226-2056        | Atripla, Complera, Descovy, Emtriva, Genvoya, Odefsey, Stribild, Truvada, Tybost, and Viread | 500% FPL | 1. Fax a letter of medical necessity (OR the first page of the Advancing Access Enrollment form) to 1-800-216-6857, including:  
  ▪ Patient's name  
  ▪ Therapy needed  
  ▪ Date of exposure  
  ▪ Provider’s signature  
2. Call Gilead at 1-800-226-2056 and notify them you have a patient who needs PEP (Hours: Monday - Friday 9am-8pm EST.)  
  ▪ Tell them you faxed in a letter of medical necessity.  
  ▪ Give them time of fax  
  ▪ Number of pages  
  ▪ Your fax number  
  ▪ Have the patient’s information available:  
    - Name  
    - Address  
    - Phone number |
| Janssen Therapeutics | 800-652-6227 | Edurant, Intelence, Prezobix, Prezista, and Symtuza | 300% FPL |

1. Patient completes all relevant information on application pages 1 and 2, and signs and dates the Patient Declaration and Authorization to Share Information on page 2.

2. Include a copy of the front and back of patient’s insurance care.

3. Include a copy of the patient’s most recent 1040 or 1040EZ Federal tax return.

4. Healthcare Professional (HCP) to complete pages 3 and 4 and sign and date page 4.

5. Mail or fax complete application with documentation to 1-888-526-5168.

Immediate access is available through the use of pharmacy card. At the request of the physician, a pharmacy card number will be provided to the patient ONLY, immediately upon eligibility/approval. He/she can then go to the pharmacy with a valid prescription to pick up their medication.

- Date of birth
- Social security number
- Number of people claimed as dependents
- Household income
- Any insurance coverage
- Provider name
- Provider address
- Provider phone number
- Parental/guardian signature of consent for any patient under 18 years of age

3. Gilead Sciences will give you a voucher number to place on the prescription.

The patient may go to the pharmacy to fill the prescription with no out-of-pocket expense.
<table>
<thead>
<tr>
<th>Company</th>
<th>Contact Information</th>
<th>Medicine(s)</th>
<th>Eligibility</th>
<th>Description</th>
</tr>
</thead>
</table>
| Merck and Co.    | 800-727-5400                  | Isentress, Isentress HD, Delstrigo, and Pifeltro | At or below 500% FPL | 1. Complete an application; indicating PRESCRIBING PEP on the application or URGENT. Please note all HIV enrollments are handled immediately upon receipt. Product is shipped overnight if patient is eligible.  
2. Fax application to: 1-915-849-1037.  
3. Also, call Merck Patient Assistance Program at 1-800-727-5400, noting that you sent a fax for PRESCRIBING PEP.  
4. Merck Patient Assistance Program will send medications directly to patient or provider as noted on enrollment form.  
   - If received by 3:00 PM (EST), will have overnight delivery to their zip code by ~10:30am next day.  
   - If received after 3:00 PM (EST), will have next day delivery. |
| ViiV Healthcare  | 844-588-3288                  | Combivir, Epivir, Epzicom, Lexiva, Retrovir, Selzenty, and Tivicay | 500% FPL | Cannot be eligible for Medicaid  
1. There are three ways to enroll a patient:  
   - Patient or Patient Rep (i.e., on-going medical provider or case manager) may fax the completed enrollment form  
   - Patient Rep may enroll the patient via the online portal at www.viivconnect.com  
   - Patient Rep may call ViiVConnect at 1-844-588-3288 (toll free); Monday-Friday, 8 AM – 11 PM (EST) to speak live with an Access Coordinator to enroll non-Medicare Part D patients. First Time Patient Reps can register at the same time of call for a patient.  
NOTE: Access Coordinators can obtain the necessary information over the phone and provide the patient with same day access through the presumptive fill process for eligible patients. Presumptive enrollment (enrollment by phone through a Patient}
Cost-Sharing Assistance Programs (CAPs) for PEP

The following provides an overview of CAP contact information, drugs covered, and assistance offered.

<table>
<thead>
<tr>
<th>Company</th>
<th>Contact Information</th>
<th>Drugs Covered</th>
<th>Assistance</th>
<th>Renewal</th>
</tr>
</thead>
<tbody>
<tr>
<td>AbbVie</td>
<td>800-441-4987</td>
<td>Kaletra and Norvir</td>
<td>The co-payment assistance program provides a Kaletra savings card which can cover up to $400 per month with a $4,800 maximum benefit per year. The savings card can only be used once every 30 days. Participants cannot be receiving government-funded prescription assistance.</td>
<td>Must reapply each year.</td>
</tr>
<tr>
<td><a href="http://www.abbvie.com/patients/patient-assistance.html">www.abbvie.com/patients/patient-assistance.html</a></td>
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<tr>
<td>Bristol-Myers Squibb</td>
<td>888-281-8981</td>
<td>Reyataz</td>
<td>The program covers up to the first $7,500 annually for co-payments, deductibles, and co-insurance with no monthly limit for all commercially-insured plans for Reyataz. Patient may use the co-payment assist card for 30-, 60-, or 90-day prescriptions fills.</td>
<td>Automatic annual renewal for enrolled patients.</td>
</tr>
<tr>
<td><a href="http://www.bmscustomerconnect.com/bms3assist">www.bmscustomerconnect.com/bms3assist</a></td>
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<tr>
<td>Gilead Sciences</td>
<td>800-226-2056</td>
<td>Atripla, Complera, Descovy, Emtriva</td>
<td>The program covers up to $3,600 in co-payments per year, with a monthly maximum of $300 for</td>
<td>Automatic annual renewal for enrolled patients.</td>
</tr>
<tr>
<td><a href="http://www.gileadadvancingaccess.com/">www.gileadadvancingaccess.com/</a></td>
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</tr>
<tr>
<td>Company</td>
<td>Phone Number</td>
<td>Website</td>
<td>Products</td>
<td>Eligibility</td>
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<tr>
<td>Genvoya, Odefsey, Stribild, Truvada, Tybost, and Viread</td>
<td>877-227-3728</td>
<td><a href="http://www.janssencarepath.com/hcp">www.janssencarepath.com/hcp</a></td>
<td>Edurant, Intelence, Prezclobiax, Prezista, and Symtuza</td>
<td>Eligible patients who have commercial health insurance coverage pay $0 per prescription of Prezista, up to a $7,500 maximum program benefit per calendar year. Depending on the health insurance plan, savings may apply toward co-pay, co-insurance, or deductible.</td>
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<td>Janssen Therapeutics</td>
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<tr>
<td>Merck and Co.</td>
<td>877-264-2454</td>
<td><a href="http://www.merckhelps.com/">www.merckhelps.com/</a></td>
<td>Isentress, Isentress HD, Delstrigo, and Pifeltro</td>
<td>The program covers out-of-pocket costs up to a maximum total program savings of $6,800. Coupon may be redeemed once every 21 days before the expiration date printed on the coupon, on each qualifying prescription up to 180 tablets each.</td>
</tr>
<tr>
<td>ViiV Healthcare</td>
<td>844-588-3288</td>
<td><a href="http://www.viivconnect.com/">www.viivconnect.com/</a></td>
<td>Combivir, Epivir, Epzicom (oral solution only), Lexiva, Retrovir, Selzentry, and Tivicay</td>
<td>The Viiv CONNECT savings card covers up to $4,800 per year with no monthly limit for out-of-pocket costs for Lexiva and Retrovir prescriptions. For Tivicay, the card covers up to $7,500 per year with no monthly limit. Total savings cannot exceed $7,500 per year.</td>
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Foundations Providing Access to Care Assistance for PrEP/PEP

**Needy Meds**
http://www.needymeds.org/

Needy Meds offers resources that are helpful to uninsured and underinsured patients including an MRI/CAT scan discount program and medical bill mediation.

**Additional Resources**
The following resources may be of interest to individuals seeking access to PrEP and/or PEP.

**Clinical Trials**
www.clinicaltrials.gov

A service of the U.S. National Institutes of Health, ClinicalTrials.gov is a registry and results database of publicly and privately supported clinical studies of human participants conducted around the world.

**Fair Pricing Coalition (FPC)**
www.fairpricingcoalition.org

As part of their advocacy work, the Fair Pricing Coalition (FPC) negotiates with companies to ensure that Patient Assistance Programs (PAPs) are adequately generous and easy to apply for.

**Health Insurance Marketplace**
www.healthcare.gov

The official site of the Health Insurance Marketplace, Healthcare.gov allows individuals and families to sign-up for insurance coverage through the Affordable Care Act.

**Treatment Action Group**
www.treatmentactiongroup.org

Treatment Action Group collaborates with activists, community members, scientists, governments, and drug companies to make safer, more effective and less toxic treatment for viral hepatitis available.

**HIV Treatment Guidelines**
https://aidsinfo.nih.gov/guidelines

The HIV Treatment Guidelines are federally approved by panels of HIV care experts. There are brief and full versions of guidelines for an array of care, including Adult and Adolescent ARV, Pediatric, PrEP, PEP, and Prevention.